



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8636 | www.rn.ca.gov

ADVANCED PRACTICE RN **CERTIFIED NURSE MIDWIFE** WORK PERFORMANCE EVALUATION

Board of Registered Nursing Probation Monitor: _____

INSTRUCTIONS: *As required by the Board of Registered Nursing (BRN) decision and order, a probationary Certified Nurse Midwife (CNM) must have their practice evaluated and written reports submitted to the BRN on a periodic basis throughout the entire term of their probation. The evaluation must address all areas of practice and should be sufficient to determine if the CNM is safe and competent in his/her practice. This form should be filled out in collaboration with the Board approved work site monitor(s) who are California Advanced Practice RN(NP or CNM) with no current disciplinary action against their license, unless an alternative method of supervision is approved(i.e. MD)*

**ANSWER EACH SECTION COMPLETELY AND ACCURATELY AS IT APPLIES TO THE
PROBATIONARY CNM**

REPORTING PERIOD

NOTE: Your report is for the previous timeframe (month or quarter), not for the future.

MONTHLY REPORTING: List time period you are reporting: Month: _____, Year: _____

OR

QUARTERLY REPORTING: [check applicable quarter & indicate the year]

- | | |
|---|---|
| <input type="checkbox"/> Jan. 1 – Mar. 31, _____ due between 4/1-4/10 | <input type="checkbox"/> Jul. 1 – Sept. 30 _____ due between 10/1-10/10 |
| <input type="checkbox"/> Apr. 1 – Jun. 30, _____ due between 7/1-7/10 | <input type="checkbox"/> Oct. 1 – Dec. 31, _____ due between 1/1-1/10 |

Certified Nurse Midwife's NAME: _____

Number of visits observed/monitored _____ Number of Deliveries observed/monitored _____

1. What is the current required level of supervision? Maximum-Moderate-Minimum-Home Health (circle one) Have you provided that level of supervision? YES / NO (circle one) If no, explain: _____

2. Have you disciplined the probationary CNM in any manner during this reporting period? ie. warnings, counseling, suspension, etc.? YES / NO / Not Applicable (circle one) If yes, explain: _____

3. For purposes of furnishing medications: Was the Supervising Physician available at least by telephone during examinations? Yes / NO/ Not Applicable (circle one) If NO, please Explain: _____

4. Were all Episiotomies/Laceration repairs done in an approved facility; under a supervising physician; and under approved protocols & procedures? Yes / No/ Not Applicable (circle one) if no Please explain: _____

WORK PERFORMANCE RATING

Use this scale to answer the following questions and evaluate the CNM's practice :

- 3 Exceeds position expectations on a regular basis.
- 2 Meets position expectations for a safe and competent Certified Nurse Midwife
- 1 Does NOT meet expectations: Improvement needed- See Action Plan Section.
- N/A Not Assessed or Does not apply to the position.

All areas rated as a "1" MUST be addressed in an Action Plan on a separate page

PROFESSIONALISM	3	2	1	N/A
COMMUNICATION: Listens to & respects wishes of patient/family. Adjusts communication level/style as needed.				
PROFESSIONAL DEMEANOR: Demonstrates a caring attitude even in unexpected &/or uncomfortable situations.				
DOCUMENTATION: Charting is complete & timely. Billing is accurate;				
RESPONSIBILITY: Dependable, Punctual Attendance. Incorporates professional and legal standards into clinical practice.				
COLLABORATION: Seeks advice & input when needed as defined by approved Policies, Protocols, & Standardized Procedures.				
COMPETENCIES: Updates knowledge & skills & keeps certificates current. Specifically regarding Specialty practice standards, Medications/Prescribing, National & State Certifying Boards, & 3 rd party payers				
PRACTICE AREAS	3	2	1	N/A
ASSESSMENT:				
Demonstrates an understanding of Well Women's Healthcare in the following life stages: (Mark all that apply) <input type="checkbox"/> Pregnancy, <input type="checkbox"/> Childbirth, <input type="checkbox"/> Postpartum, <input type="checkbox"/> Family planning, & <input type="checkbox"/> Gynecologic needs, as well as <input type="checkbox"/> Newborn Care				
Obtains & documents a relevant health history from patient & records.				
Identifies Health & psychosocial risk factors that negatively impact life stages				
Performs a comprehensive physical exam within the scope of well women's primary care..				
DIAGNOSIS/PLANNING:				
Accurately analyzes collected data to make diagnostic, management, consultation, &/or referral decisions per agency Policies & Standardized Procedures.				
Incorporates Patient/family wishes & economic factors in deciding plan of care				
PRACTICE AREAS (cont)	3	2	1	N/A

INTERVENTION				
Manages laboring patients appropriately & initiates consultation &/or referrals whenever the patient's progress does not meet the criteria accepted as normal				
Demonstrates technical competence in performing deliveries & caring for newborns				
Follows Standardized Procedures for Episiotomies/Laceration Repairs.				
Provides Primary care services within the scope of nurse-midwifery practice				
Follows Standardized Procedures & Practice Standards regarding: Emergent cases				
Identifies, selects, and orders medication interventions per Standardized Procedures..				
Follows Schedule II & III patient specific protocols when ordering Schedule II & III medications per Standardized Procedures				
Counsels and educates patients & families re: diagnosis, treatment plan, medications, & expected outcomes based on individualized needs				
EVALUATION				
Evaluates patient's response to treatment & adjusts plan of care as needed including referrals & follow-up.				
Updates SPs & practices to keep pace with current practice & national standards for women's health care.				

RESULTS OF AUDITS/ COMMENTS: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

PHONE NUMBER: _____ **EMAIL:** _____

EVALUATOR NAME & TITLE: _____

SIGNATURE: _____ **DATE:** _____

****EVALUATIONS MUST BE COMPLETED AFTER THE REPORTING PERIOD & CANNOT BE SUBMITTED EARLY.***

FORMS MAY BE RETURNED BY MAIL, FAX OR SCANNED & E-MAILED DIRECTLY TO THE PROBATION MONITOR.

**Board of Registered Nursing Attn: Probation Unit
 Po Box 944210 Sacramento, CA 94244-2100
 Fax: (916) 574 - 8636**